MULTIPLE DE NDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

	_	_	_		_
	•		-		
•			•	R #	~
₹		. ~	f	IVI	•
$\overline{}$	_	/A B	4	M	J

	'		- 				
		ASI	FILED	AFTER 1"AMENDMENT		AFTER 2 - AMENDME	
		IND.	DEP.	IND.	DEP.	IND.	,
	1				331.	IIID.	DE
ŀ	2	LI					
ŀ	3						
- 1	5						
-	6	-					
	7						
	8	-1					
	9						
	10						
	11						·
- -	12						
	13						·
}	14 15						
	16						
	17						
	18						 <u>-</u>
	19						
	20						
	21						
	22						
	3						
	5						
2							
2	7						
28				100			
29							
30							
31 32							
33		- 					_
34				-			_
35			3				
36				1	1	1	-
37	_						
38]
<u>39</u> _40			1		4		1
41	1				1-	-	
42		1	1	1	-	1	-
43				1	1	-	1
44							1
45		-					1
46	 	-					
48	1	 	 	 	[ł
49	1	-					
50							
TAL END.	7	1				_	
		, 🔻					
TAL DEP	V2	4		4		+	
TATAL LADOS							
	/						

270-1360 (REV. 1644)

C	LAIM	IS			7		-K-/-K	/
R 1ENT			AS FILED		AFTER 1"AMENDMENT		AFTER	
EP.	1		IND.	DEP.	IND.	7		NDMENT
		51		DEI.	IND.	DEP.	IND.	DEP.
		52						
		53						
		54						
	1_	55						
		56						
]_	57						
		58						
	-	59						
	}	60						
_	 	61						
		63						
_		64						
	P	65						
		66						
		57						
_	6	68						
4	6	9						
4		0						
_	7							
10	7:	-						
	7.							
1	74							
	76							
	77							
1	78							
1	79							
	80							
	81		-					
	82							
	83	-						
	84							
1	85	 						
1	87	4	-					
	88	1	H- Un					1
1	89	-						
	90	1	 		-			4
	91				-			-{
	92				 	1	-	
	93				1	1	-	1
·	94							1
	95							1
<u> </u>	96							
-	97 98							
 	99							
1	100			•				
101	TAL IND.		-		+		-	
TOT	AL DET	•	+		4		4	
T	TAL.	18		-		Į2		
La	AMCS							
		Q1	E DEPARTA	CENT of COO	CHERCE			

CLE DEPARTMENT of COMMERCE Putest and Trademark Office